

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within 24 hours after death. The bottom may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07767

7762 CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Grantsville</u>		<u>35 yrs</u>		TOWN <u>Rural Grantsville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				/			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>ANNIE MARIE BAUM</u>				<u>Aug. 19 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Female</u>	<u>White</u>	<u>Widowed</u>	<u>Jan. 11, 1870</u>	<u>85</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>housewife</u>		<u>own home</u>		<u>Frostburg, Maryland</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Melchott Youngerman</u>				<u>Anna Martha Rase</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>none</u>		<u>Harold Baum, Grantsville, Md. RD.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
332X IMMEDIATE CAUSE (A) <u>Cerebral Thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Generalized arteriosclerosis</u>						<u>2 weeks</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>Chronic secondary anemia</u>						<u>15 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						<u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
<u>none</u>		<u>Chronic secondary anemia</u>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/25</u> , 19 <u>55</u> , to <u>8/19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8/19</u> , 19 <u>55</u> , and that death occurred at <u>11:30 AM</u> from the causes and on the date stated above.							
SIGNATURE		ADDRESS (Street, city, town, state)		DATE SIGNED			
<u>A Paige Strong</u>		<u>Grant St, Salisbury Pa.</u>		<u>8/22/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>8/22/55</u>		<u>Grantsville</u>		<u>Grantsville, Garrett Co. Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
DATE <u>8/22/55</u>		<u>Ethel Broadwater</u>		<u>Donald G. Newman</u>		<u>Grantsville, Md.</u>	

THE CERTIFICATE OF DEATH

MADE BY THE STATE DEPARTMENT OF HEALTH - BALTIMORE, MD.

BUREAU V. 2

AUG 25 1955

RECEIVED

RECEIVED

INSTRUCTIONS TO REGISTRARS
1. This form is to be filled out by the registrar of the local health department or by the physician attending the deceased.
2. It should be filled out as soon as possible after death, and before the body is buried or cremated.
3. It should be filled out for all deaths, whether or not the death was reported to the health department.
4. It should be filled out for all deaths, whether or not the death was reported to the health department.
5. It should be filled out for all deaths, whether or not the death was reported to the health department.

INSTRUCTIONS

1 TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07768

7763

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH COUNTY Garrett MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Mt. Lake Park LENGTH OF STAY (in this place) 7 Wks.				2. USUAL RESIDENCE (HOME) OF DECEASED STATE W. Va. COUNTY Milneral CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Keyser 85X-3 STREET ADDRESS (If rural give location) Route No 2			
3. NAME OF DECEASED (First) (Middle) (Last) Louise W. Blauch				4. DATE OF DEATH (Month) (Day) (Year) Aug. 1, 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 11, 1876	9. AGE last birthday 79 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME George Leibrant				14. MOTHER'S MAIDEN NAME Ekizabeth Reib			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. ----		17. INFORMANT & ADDRESS Mrs. Mary Kiser Mt. Lake Park, Md			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 422.1 IMMEDIATE CAUSE (A) Cerebro-Vascular Accident? ANTECEDENT CAUSE(S) DUE TO (B) Arteriosclerotic Cardiovascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) Decomal						2 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. also Myocarditis						years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8/1/55 , 19 55 , to 8/1/55 , 19 55 , that I last saw the deceased alive on 8/1/55 , 19 55 , and that death occurred at 4:10 P M, from the causes and on the date stated above. SIGNATURE Thomas L. Lusk M.D. ADDRESS (Street, city, town, state) Oakland, Md. DATE SIGNED 8/1/55							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/4/1955		NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery		LOCATION (City, town, or county) (State) Cumberland, Md.	
24. REC'D BY REGISTRAR DATE 8/2/55		REGISTRAR'S SIGNATURE Julia C. Rowan		25. FUNERAL DIRECTOR'S SIGNATURE Herbert C. Leighton		ADDRESS Oakland, Md.	

10700

DEPARTMENT OF HEALTH - BALTIMORE

CERTIFICATE OF DEATH

Name of Deceased [Illegible]		Date of Death [Illegible]	
Place of Birth [Illegible]		Date of Birth [Illegible]	
Usual Residence [Illegible]		Cause of Death [Illegible]	
Name of Physician [Illegible]		Name of Coroner [Illegible]	
Name of Informant [Illegible]		Name of Registrar [Illegible]	
Name of Burial Place [Illegible]		Name of Cemetery [Illegible]	
Name of Undertaker [Illegible]		Name of Funeral Home [Illegible]	
Name of Religious Society [Illegible]		Name of Minister [Illegible]	
Name of Burial Place [Illegible]		Name of Cemetery [Illegible]	
Name of Undertaker [Illegible]		Name of Funeral Home [Illegible]	
Name of Religious Society [Illegible]		Name of Minister [Illegible]	

BUREAU V. 8

JUN 9 1955

RECEIVED

[Illegible signatures and stamps]
 [Illegible text at bottom]

INVESTIGATION

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07769

7764

CERTIFICATE OF DEATH

Reg. Dist. No. 162

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Rural Grantsville</u>		<u>Life</u>		OR TOWN <u>Rural Grantsville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00							
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) (Middle) (Last)							
<u>PETER</u> <u>BROADWATER</u>				<u>Aug.</u> <u>30</u> <u>19 55</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>Dec. 12, 1867</u>	<u>87</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Retired Farmer</u>		<u>Own farm</u>		<u>New Germany, Md.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>John Broadwater</u>				<u>Mary Custer</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
(If Yes, give war or dates of service)		<u>none</u>		<u>Mrs. Media Broadwater, Avilton, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
<u>177X</u> IMMEDIATE CAUSE (A) <u>calbertia</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>cancer of prostate</u>						<u>3 months</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>/</u>						<u>2 years</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY?	
<u>1953</u>		<u>advanced cancer of prostate</u>				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town)		(County) (State)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
		White at work <input type="checkbox"/> Not white at work <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>1-4-</u>, 19<u>55</u>, to <u>8-30-</u>, 19<u>55</u>, that I last saw the deceased alive on <u>8-20-</u>, 19<u>55</u>, and that death occurred at <u>5:30 A.M.</u> from the causes and on the date stated above.							
SIGNATURE				DATE SIGNED			
<u>L. M. M. M.</u>				<u>9-8-55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county)	
<u>Burial</u>		<u>9/1/55</u>		<u>St. Ann's</u>		<u>Avilton Garrett Co., Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>8-31-55</u>		<u>E. H. Broadwater</u>		<u>Donald J. Newman</u>		<u>Grantsville, Md.</u>	

103300

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, MD

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Date of Registration		12. Office of Registrar	

BUREAU V. 5

1955

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RECEIVED
BUREAU OF VITAL RECORDS
STATE DEPARTMENT OF HEALTH
BALTIMORE, MD
JAN 10 1955

1

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07770

7765

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		MARYLAND		STATE MD		COUNTY GARRETT	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN CRELLIN				TOWN CRELLIN MD		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
00				1			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) MARY (Middle) L (Last) FRIEND				(Month) AUG (Day) 16 (Year) 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
FEMALE	WHITE	WIDOWED	SEPT. 10-1895	79 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
HOUSEWIFE				SWANTON MD		U.S.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
MARCELLUS SMITH				SARAH BRAY.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				GEORGE FRIEND CRELLIN MD.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.1 IMMEDIATE CAUSE (A) Chronic Heart Failure				INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs			
ANTECEDENT CAUSE(S) DUE TO (B) Art. C. V. D.				years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility & Degeneration							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE-OF-DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from 6 Nov , 19 48 , to 8/16 , 19 55 , that I last saw the deceased alive on 3/11 , 19 55 , and that death occurred at 7:34 P.M. , from the causes and on the date, stated above.							
SIGNATURE Thomas J. Quisby M.D.				ADDRESS (Street, city, town, state) Oakland MD		DATE SIGNED 8/17/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
BURIAL		AUG-19-1955		UNDERWOOD CEMETERY		NEAR OAKLAND MD.	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
8/19/55		Julius H. Howan R.R.		Emory Bolden		OAKLAND MD.	

INSTRUCTIONS

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VS AISC 1-55 10M

CERTIFICATE OF DEATH

GARRATT
GRELIN

M/D
GARRATT
GRELIN

MARY

FRIEND

AUG 14

FEMALE WHITE

WIDOWED 287-10-1812

19

HOUSEWIFE

SWANTON

M/D

MARCELLUS SMITH

SARAH BRAY

GEORGE FRIEND GRELIN M/D

BUREAU V. 1

AUG 26 1955

RECEIVED

AND 17-TH UNDERWOOD CEMETERY NEAR

GRAND

CHURCH STREET CHANDLER M/D

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

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VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07771

7765

CERTIFICATE OF DEATH

Film G 186, 9-22-55 Item 2 bh

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oakland</u>		<u>2 days</u>		TOWN <u>Mt. Lake Park, Bayard</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>				STREET ADDRESS (If rural give location) <u>1st St / N. State / Home</u>			
3. NAME OF DECEASED (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>Henry JOHN Gay</u>				<u>August 13, 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widower</u>	<u>APRIL 5, 1884</u>	<u>71</u> yrs.	Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
				<u>West Virginia</u>			
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>GAY, JOHN</u>				<u>DAWSON, SARAH</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
				<u>Sam Gay, Bayard, W. Va.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
<u>420.0</u> IMMEDIATE CAUSE (A) <u>Acute Myocardial Infarction</u>						<u>48 hrs</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Sclerotic Heart Disease & Coronary</u>						<u>6 yrs</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) <u>Hypertension</u>						<u>7 yrs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1954</u> <u>12</u> <u>55</u> <u>7:42 A.M.</u> to <u>1955</u> <u>13</u> <u>55</u> that I last saw the deceased <u>alive on</u> <u>12</u> <u>55</u> and that death occurred at <u>7:42 A.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>James H. Feaster, Jr.</u> M.D.				ADDRESS (Street, city, town, state) <u>Oakland, Md.</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>8/15/55</u>		<u>BAYARD CEMETERY</u>		<u>BAYARD</u> <u>W. Va.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>3/14/55</u>		<u>Julia G. Rowan</u>		<u>Emory Bolden</u>		<u>Oakland Md</u>	

01411

MASSACHUSETTS STATE DEPARTMENT OF HEALTH-BIRMINGHAM IS

CERTIFICATE OF DEATH

Form with multiple lines for text entry, including fields for name, date, and location. The text is faint and mostly illegible.

BUREAU V. S.

AUG 18 1955

RECEIVED

RECEIVED
MASSACHUSETTS STATE DEPARTMENT OF HEALTH-BIRMINGHAM IS
AUG 18 1955

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 104

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07772

7767 CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MARYLAND</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>OAKLAND</u>		LENGTH OF STAY (in this place) <u>10 Hrs. 57 M</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>OAKLAND</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>70 GARRETT COUNTY MEMORIAL HOSPITAL</u>				STREET ADDRESS (If rural give location) <u>44 PENNINGTON STREET</u>			
3. NAME OF DECEASED (Type or Print) <u>OLIN WALTER HARDESTY</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>8 30 19 55</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>DIVORCED</u>	8. DATE OF BIRTH <u>7-4-1905</u>		9. AGE last birthday <u>50</u> yrs.	IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>WALTER HARDESTY</u>				14. MOTHER'S MAIDEN NAME <u>ANNA C. SOWERS</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>217-20-7010</u>		17. INFORMANT & ADDRESS <u>OAKLAND, MD.</u> <u>ANNA HARDESTY, 44 PENNINGTON ST.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
581.0 IMMEDIATE CAUSE (A) <u>hemorrhage from intracerebral aneurysm</u>						<u>4 a.m.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Cirrhosis of liver</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO (C) <u>8</u>						<u>Unknown</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Aug 4</u> , 19 <u>55</u> , to <u>Aug 29</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Aug 29</u> , 19 <u>55</u> , and that death occurred at <u>3:45 AM</u> , from the causes and on the date stated above.							
SIGNATURE <u>Josephine A. [illegible]</u> M.D.				ADDRESS (Street, city, town, state) <u>2688 High St. Oakland, Md.</u>		DATE SIGNED <u>Aug 31</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>9/2/55</u>		NAME OF CEMETERY OR CREMATORY <u>Oakland Cemetery</u>		LOCATION (City, town, or county) (State) <u>Oakland, Md.</u>	
24. REC'D BY REGISTRAR DATE <u>9/2/55</u>		REGISTRAR'S SIGNATURE <u>William Rowan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Emory Bolden</u>		ADDRESS <u>Oakland, Md.</u>	



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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07773

7769

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT		STATE MARYLAND		COUNTY GARRETT			
CITY (If outside corporate limits, write RURAL OR and give nearest town) OAKLAND		LENGTH OF STAY (in this place) 4 DAYS		CITY (If outside corporate limits, write RURAL and give nearest town) CRELLIN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL				STREET ADDRESS (If rural give location) /			
3. NAME OF DECEASED (First) JOHN (Middle) S. (Last) JONES				4. DATE OF DEATH (Month) AUGUST (Day) 16 (Year) 19 55			
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH NOVEMBER 13, 1895		9. AGE last birthday 59 yrs.	IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER & OPERATOR OF ANTIQUE SHOP			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) WEST VIRGINIA		12. CITIZEN OF WHAT COUNTRY? U. S.
13. FATHER'S NAME William King Jones				14. MOTHER'S MAIDEN NAME Wiles, LUCINDIA			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-14-6817		17. INFORMANT & ADDRESS JOHN JONES - Silver Spring - Md.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
825x IMMEDIATE CAUSE (A) Rupture of liver, spleen, and left kidney						INTERVAL BETWEEN ONSET AND DEATH 4 days	
ANTECEDENT CAUSE(S) (B) kidney							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (C) due to							
STATING UNDERLYING CAUSE LAST.							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH							
19a. DATE OF OPERATION Aug 12, 55		19b. MAJOR FINDINGS OF OPERATION Rupture of liver, spleen, & left kidney					
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21a. PLACE (Home, farm, factory, or INJURY street office bldg, etc.) Garrett		21b. WHERE DID INJURY OCCUR? (City or town) (County) (State) Garrett Md		20 AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug. 12, 55		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident			
22. I hereby certify that I attended the deceased from Aug 12, 19 55 to Aug 16, 19 55 ; that I last saw the deceased alive on Aug 16, 19 55 ; and that death occurred at 11:05 A.M. from the causes and on the date stated above.							
SIGNATURE Joseph Alvord M.D.				ADDRESS (Street, city, town, state) 101 Third St, Oakland, Md		DATE SIGNED Aug 18, 55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug 19-1955		NAME OF CEMETERY OR CREMATORY Oakland		LOCATION (City, town, or county) (State) Oakland Md	
24. REC'D BY REGISTRAR DATE 19/55		REGISTRAR'S SIGNATURE Julia G. Bowman		25. FUNERAL DIRECTOR'S SIGNATURE Emory Bolden		ADDRESS Oakland Md	

BUREAU V. S.

AUG 29 1954

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AUG 30 1954

7769

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07774 Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No.

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>GARRETT</u>		MARYLAND		STATE <u>MD</u>		COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR		TOWN <u>RURAL CRELLIN MD</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>WILLIAM HENRY KISNER</u>				<u>AUGUST 3 1955</u>			
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>MALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>OCT. 29, 1876</u>	<u>78</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>MINER</u>				<u>CRELLIN MD</u>		<u>U.S.</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>SONOTHAN KISNER</u>				<u>LUEVIZA HUFFMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
(If Yes, give war or dates of service)		<u>213-01-5113A</u>		<u>HARRY KISNER CRELLIN MD.</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a)..... <u>CORONARY OCCLUSION</u>							
DUE TO							
Antecedent cause(s) (b).....							
Diseases or conditions, if any, giving rise to the above cause DUE TO							
stating underlying cause last (c).....							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:				19b. MAJOR FINDING OF OPERATION:			
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County)		21d. (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE <u>E. J. Baumgartner</u>				M. D. <u>8/5/55</u>			
23. BURIAL, CREMATION, REMOVAL (Specify):				DATE THEREOF			
<u>BURIAL</u>				<u>AUG-6-1955</u>			
NAME OF CEMETERY OR CREMATORY				LOCATION (City, town, or county) (State)			
<u>KISNER CEMETERY</u>				<u>NEAR CRELLIN MD</u>			
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE				24. FUNERAL DIRECTOR ADDRESS			
<u>8/5/55</u>				<u>Emory Bolden OAKLAND MD</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

U.S. AIR FORCE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07775

7770

CERTIFICATE OF DEATH

Reg. Dist. No. 16

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Garrett		MARYLAND		STATE Penna.		COUNTY Fayette	
CITY (If outside corporate limits, write RURAL and give nearest town) Oakland		LENGTH OF STAY (in this place) 419 days		CITY (If outside corporate limits, write RURAL and give nearest town) Markleysburg		7-X-3	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cuppitt Nursing Home				STREET ADDRESS (If rural give location) V			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) EFFIE (Middle) BELLE (Last) LARAWAY				(Month) Aug. (Day) 18 (Year) 1955			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 12, 1880.	9. AGE last birthday 75 yrs.	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Terra Alta, West Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Clark May				14. MOTHER'S MAIDEN NAME Sidney Albright			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Mrs. Alonzo Friend, Morgantown, W. Va.			
18. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
422.1 IMMEDIATE CAUSE (A) Coronary Heart Failure				2 mos.			
ANTECEDENT CAUSE(S) DUE TO (B) Art. C.V. D.				years			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Senility							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, notify medical examiner)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-15 , 19 54 , to 8/18 , 19 55 , that I last saw the deceased alive on 8/3 , 19 55 , and that death occurred at 2:05 PM from the causes and on the date stated above.							
SIGNATURE Thomas F. Lusby				ADDRESS (Street, city, town, state) W.D. 5th & Oak Streets, Oakland, Maryland.			
DATE SIGNED 8/19/55				DATE SIGNED 8/19/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal & Burial		DATE THEREOF Aug. 20, 1955		NAME OF CEMETERY OR CREMATORY Terra Alta Cemetery		LOCATION (City, town, or county) (State) Terra Alta, W. Va.	
24. REC'D BY REGISTRAR 8/19/55		REGISTRAR'S SIGNATURE Julia C. Henry		25. FUNERAL DIRECTOR'S SIGNATURE F. R. WATSON		ADDRESS Terra Alta, W. Va.	

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

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INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed in 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

2 **TO FUNERAL DIRECTOR:** The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07776

166

Reg. Dist. No.

7771

CERTIFICATE OF DEATH

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Garrett</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Oakland</u>		<u>27 day</u>		TOWN <u>Rural Grantsville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Evans Nursing Home</u>				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
<u>JAMES FRANCIS MCKENZIE</u>				<u>Aug 14 1955</u>			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
<u>Male</u>	<u>White</u>	<u>Widowed</u>	<u>Aug. 22, 1867</u>	<u>87</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Farming</u>		<u>Own farm</u>		<u>Avilton, Md.</u>		<u>U.S.A.</u>	
13. FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
<u>Isadore McKenzie</u>				<u>Henrietta Garlitz</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS			
		<u>none</u>		<u>Star Route Mrs. Elbert Garlitz, Frostburg, Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
1442X IMMEDIATE CAUSE (A) <u>Cardio-renal-vascular Disease</u>						INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While <input type="checkbox"/> at work Not while <input type="checkbox"/> at work		21f. HOW DID INJURY OCCUR?			
		M.					
22. I hereby certify that I attended the deceased from <u>June 13 1955</u> to <u>August 14 1955</u> , that I last saw the deceased alive on <u>August 13 1955</u> , and that death occurred at <u>2:05 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>Donald J. Newman</u>		M.D.		ADDRESS (Street, city, town, state) <u>Garrett Co., Md</u>		DATE SIGNED <u>8/15/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>8/16/55</u>		<u>St Ann's</u>		<u>Avilton, Garrett Co., Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	
<u>8/15/1955</u>		<u>John C. Brown</u>		<u>Donald J. Newman</u>		<u>Grantsville, Md</u>	

03230

CERTIFICATE OF DEATH

DATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of birth		5. Place of birth		6. Usual residence	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	

BUREAU V. S.

AUG 18 1953

RECEIVED

Handwritten signature and date
8/12/53

RECEIVED

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INSTRUCTIONS

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TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 153C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7772

CERTIFICATE OF DEATH

07777

166

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY GARRETT.		MARYLAND		STATE M.D.		COUNTY GARRETT.	
CITY (If outside corporate limits, write RURAL OR end give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town)			
X TOWN CRELLIN				TOWN CRELLIN.		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 60				STREET ADDRESS (If rural give location)			
3. NAME OF DECEASED (First) (Middle) (Last) JOHN ROSCOE SMITH.				4. DATE OF DEATH (Month) (Day) (Year) AUG. 28 1955.			
5. SEX MALE		6. COLOR OR RACE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED		8. DATE OF BIRTH APRIL-15-1879	
9. AGE last birthday 76 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER.		11. BIRTHPLACE (State or foreign country) MEROOPANY PA.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME STEPHEN SMITH.				14. MOTHER'S MAIDEN NAME ELNORA WANDELL.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO. 213-10-3739.		17. INFORMANT & ADDRESS MILDRED SMITH. CRELLIN MD.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION			
422.2 IMMEDIATE CAUSE (A) CHRONIC MYOCARDITIS				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April, 1955, to August, 1955, that I last saw the deceased alive on August, 1955, and that death occurred at 10:30 P.M. from the causes and on the date stated above.							
SIGNATURE <i>John Roscoe Smith</i>				DATE SIGNED 8/19/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL				DATE THEREOF AUG-31-1955		LOCATION (City, town, or county) (State) TERRA ALTA CEMETERY TERRA ALTA W. VA.	
24. REC'D BY REGISTRAR 8/31/55		REGISTRAR'S SIGNATURE <i>Julius Rowan</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Emory Boldix</i>		ADDRESS OAKLAND MD.	

CERTIFICATE OF DEATH

GARRETT

CRELLIN

MD

CRELLIN

GARRETT

JOHN

ROSCOE

SMITH

MALE WHITE

WEDNESDAY APRIL 10-1935

WINTER

MEMPHIS

PA

612

STEPHEN SMITH

ELMORA WANDERL

210-10-3133. WILFRED SMITH. CRELLIN MD

BUREAU V. 2

SEP 8 1935

RECEIVED

10-309

BOURNE
1125
100-10-3133 TERRA ALTA CEMETERY TERRA ALTA W. PA.
CITY OF BALTIMORE